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NATIONAL ACADEMY OF SCIENCES



OFFICE OF THE PRESIDENT
2101 CONSTITUTION AVENUE
WASHINGTON, D. C. 20418

June 15, 1979

Dr. Patrick Haggerty
General Director
Texas Instruments Incorporated
Post Office Box 5474
Dallas, Texas 75222

Dear Pat:

I regret that I was unable to attend the last meeting of the Board of the Rockefeller University because of a long-standing engagement at the Royal Society in London. My interest in the University is unabated but it seems to be very difficult to protect the time consistently.

Upon my return, I found various documents relating to appointments within the University hospital as well as a copy of the report of the Advisory Committee chaired by McGehee Harvey. Collectively, these raise, in my mind, the same question that I have brought to the attention of the standing Committee on Scientific Affairs in the past, viz., what should be the future of the hospital?

For much of its existence, the hospital was a unique arrangement within the world of research medicine--a dedicated facility funded especially for the conduct of medical research. Over the last two decades, however, the nature and magnitude of clinical research in the teaching hospitals of the United States has been transformed. Numbers of such hospitals have dedicated facilities, frequently funded by NIH, much as is our unit, staffed by first-rate clinical investigators from the faculty of the cognizant medical school. They have the advantage of a continuing flow of interesting patients through a large general hospital as well as of the presence of an alert body of senior medical students and house officers. On the other side of the ledger, of course,

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is the fact that the senior clinical investigators in such institutions may also bear heavy responsibilities for operation of a major clinical service as well as for the instruction of a variety of students, thereby leaving only a small fraction of their time available for research.

Accordingly, it seems to me that there are required some 'cold turkey' decisions with respect to why the University continues to have a hospital, in what sense that hospital should be "special", in what areas of front-line clinical research the hospital should focus, and what the University should be seeking when it considers new appointments to this element of the faculty.

Medical school-affiliated hospitals must exist to provide health care; their research enterprises are grafted onto them. Our hospital exists exclusively as a research facility. What does that mean in 1979? Are there, indeed, alternatives to our operation of a hospital unit? Should this unit be viewed as a special adjunct to our surrounding neighboring institutions?

Years ago, clinical research at the Rockefeller was consistently decidedly superior to clinical research at most other institutions in the country, perhaps in the world. That simply is not true today. One might argue, in fact, that the return on the expenditures for that hospital for the last decade has not been equal to the return on comparable expenditures in numbers of institutions. Indeed, some of the most significant research could almost as readily have been accomplished by suitable arrangements for securing samples of blood, urine, tissues, etc., from the neighboring hospitals to be utilized by such investigators as Henry Kunkel.

I do not wish to push this matter beyond arguing the necessity for clearheaded planning for the use of the hospital and relevant faculty appointments in the next decade.

With all good wishes,

Sincerely yours,

Original signed by
Philip Handler
Philip Handler
President

cc: Dr. Joshua Lederberg✓